

ACCOMPLISHMENTS, FINDINGS & NEXT STEPS

Illinois Behavioral Health Integration Project (BHIP)

Second Statewide Meeting
Thursday, November 1, 2012

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Illinois Office of Health Information Technology
Office of the Governor

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Goals of Illinois' Health Information Technology Efforts



- Improved health outcomes
- Better care coordination among providers
- Reduced medical errors
- Reduced health disparities
- Controlled health care costs
- Patient involvement and informed decisions



ILHIE is a Backbone for Care Coordination



Care coordination is a function that helps ensure that the patient's needs and preferences for health services and information sharing across people, functions, and sites are met over time. Coordination maximizes the value of services delivered to patients by facilitating beneficial, efficient, safe, and high-quality patient experiences and improved healthcare outcomes.

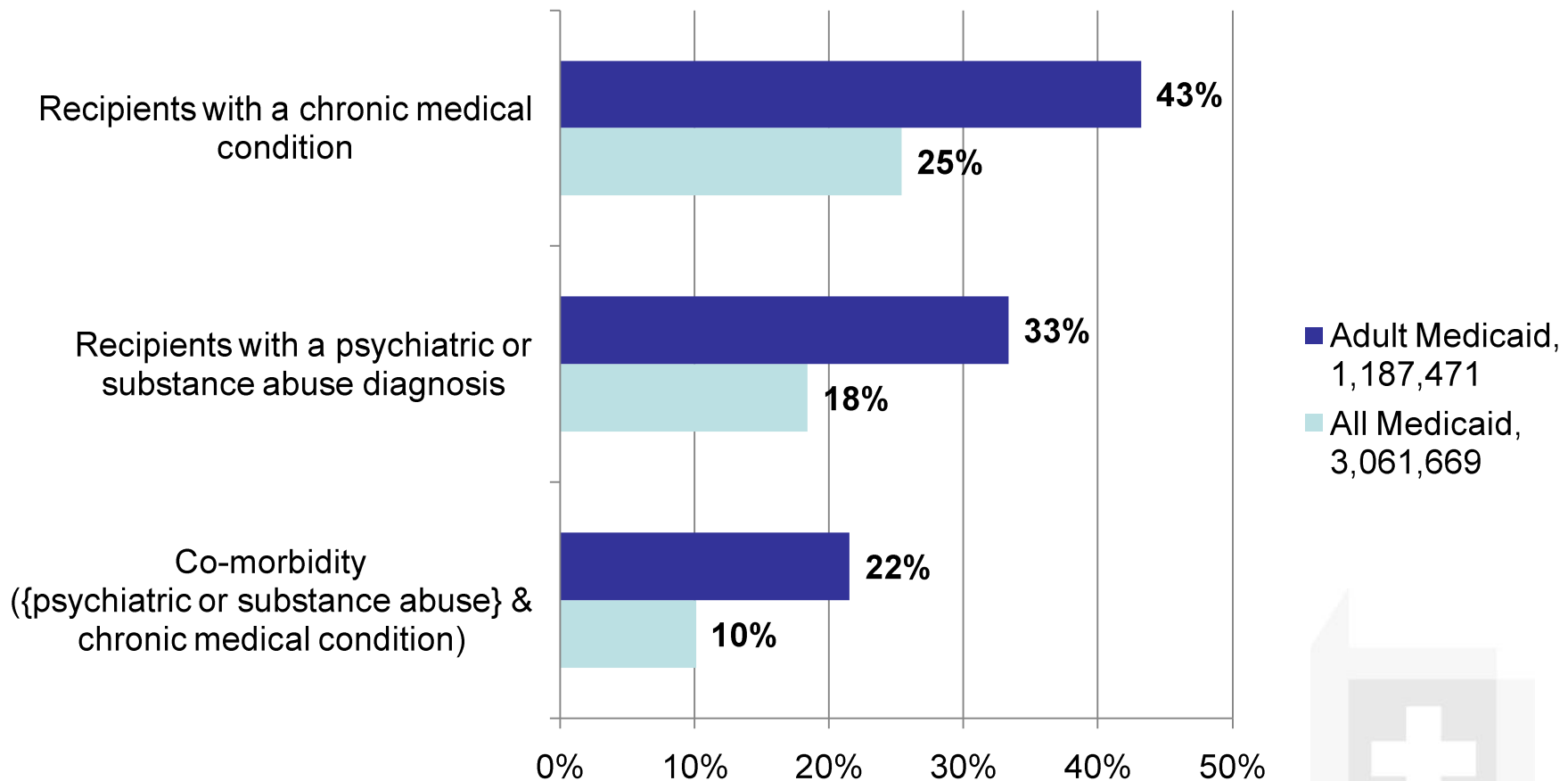
National Quality Forum. NQF-Endorsed™ Definition and Framework for Measuring Care Coordination. May 2006.



What we knew to be true...



Behavioral Health Disorders in the Medicaid Population



Source: Illinois Department of Healthcare & Family Services, October 2012

Integrating Behavioral Health in the ILHIE



Illinois...

- Prioritized behavioral health for inclusion in HIE
- One of 10 states eligible to pursue a SAMHSA-HRSA grant for integration
- One of 5 awarded a grant under the program: HIE Centers for Integrated Health Solutions



What we needed to do...



Challenges Addressed

- Legal
 - state and federal law
- Financial
 - reduced funding and cost of EHRs
- Technical Resource
 - lack of internal and vendor staff
- Operational
 - new processes and requirements



Our Partners in BHIP



- Illinois Department of Human Services
- Illinois Department of Healthcare & Family Services
- ILHIE Legal Taskforce
- Illinois Association of Rehabilitation Facilities
- Illinois Alcoholism and Drug Dependence Association
- Community Behavioral Healthcare Association of Illinois
- Regional Extension Centers: CHITREC & ILHITREC
- Law Firm of Popovits & Robinson



BHIP: Objectives & Deliverables



➡ Clear information on HIE

➡ Tools addressing HIE

➡ IT solutions

➡ Recommended policies

- Webinars & statewide meetings
- Template consent forms, data sharing agreements and implementation protocols
- Data architecture to capture behavioral health information
- Proposed state legislation
- Recommendations for federal changes

BHIP: Objectives & Deliverables (cont'd.)

- **Research of current capabilities**
- Capacity study of behavioral health providers
- **Small funding pool for behavioral health providers**
- Demonstration projects of electronic exchange



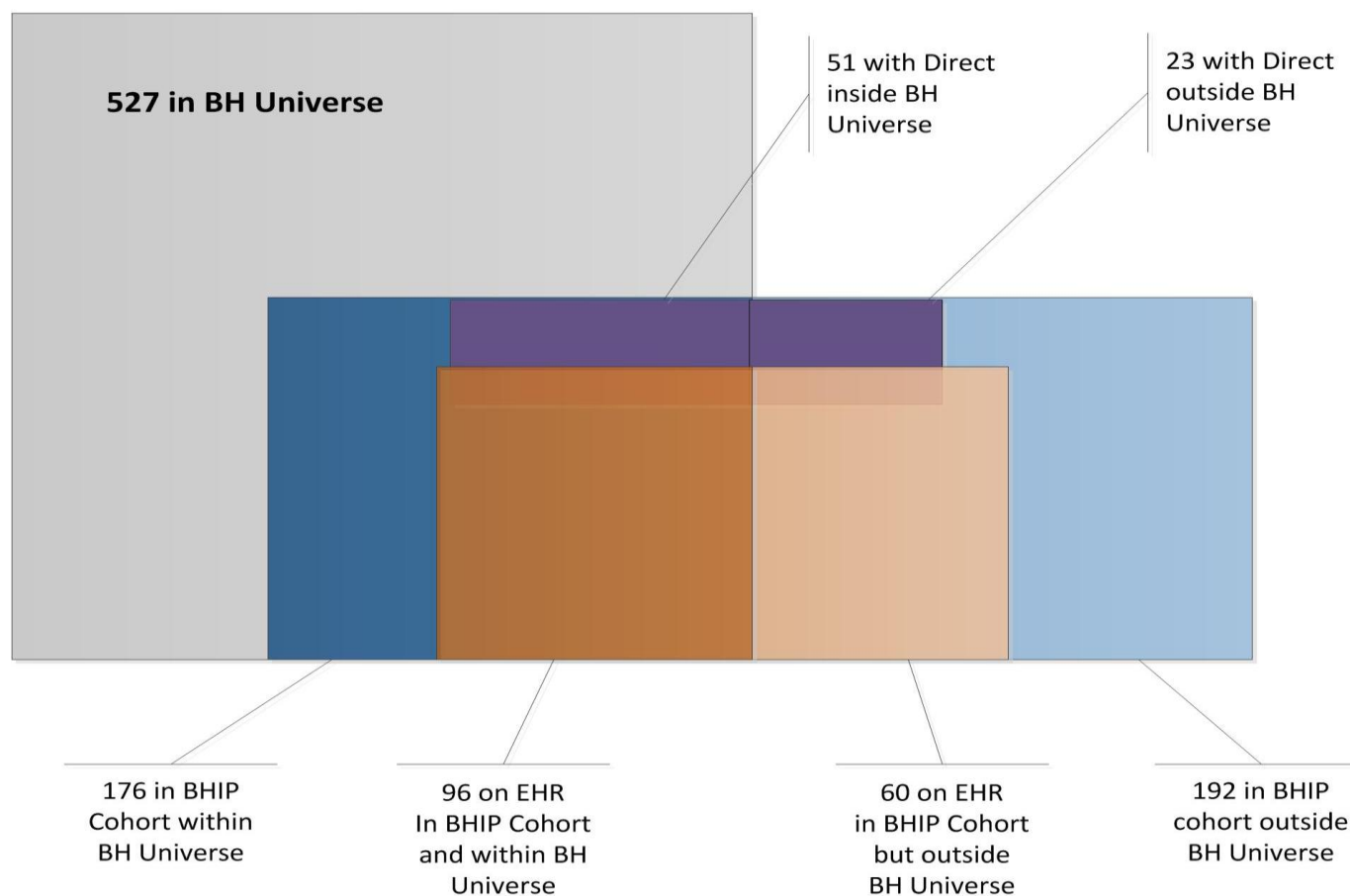
What we discovered...



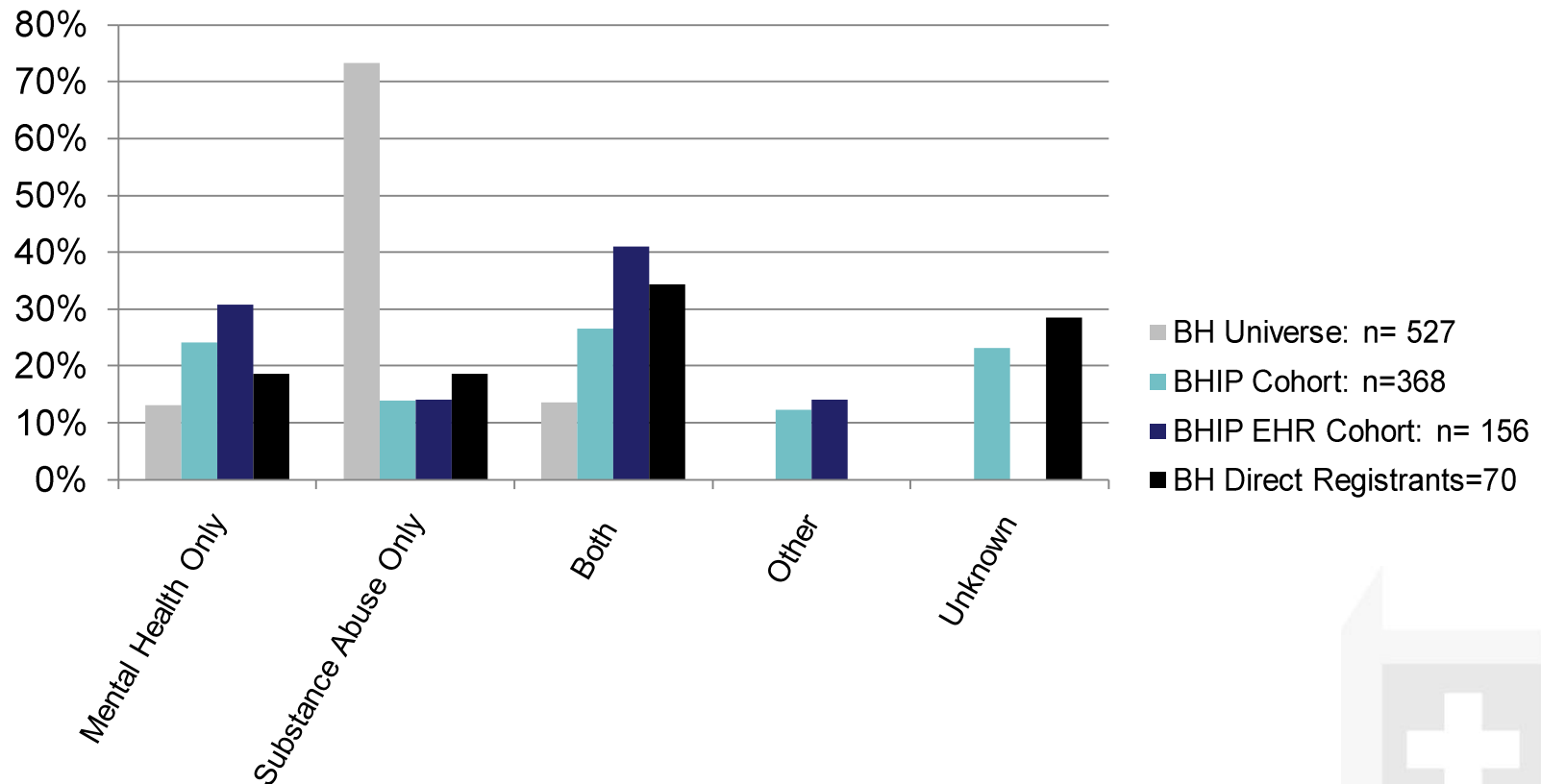
HIT Capacity: BHIP & State Licensed/Funded Organizations

Behavioral Health Organizations Engaged by BHIP

n = 368



HIT Capacity in the BHIP Cohort

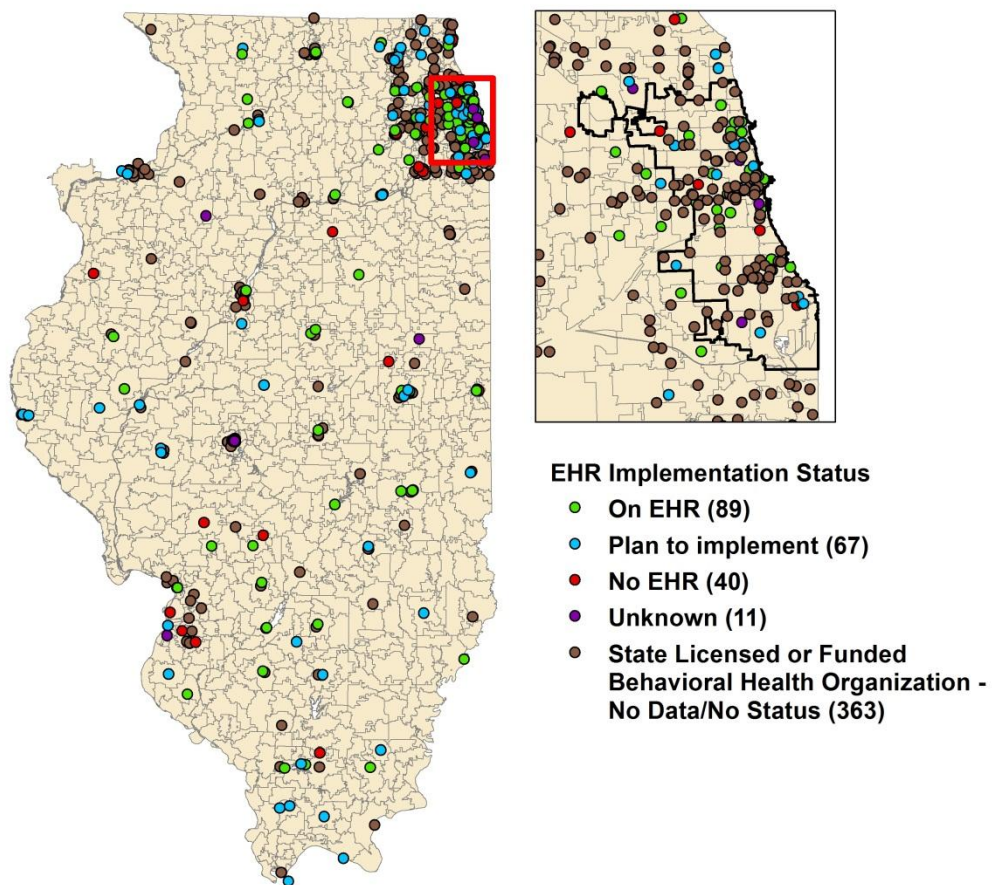


BH Universe defined as organizations licensed and funded by the Illinois Department of Human Services based on data from 2012

BHIP EHR Capacity: Geographic Diversity

EHR Implementation Status by Organization

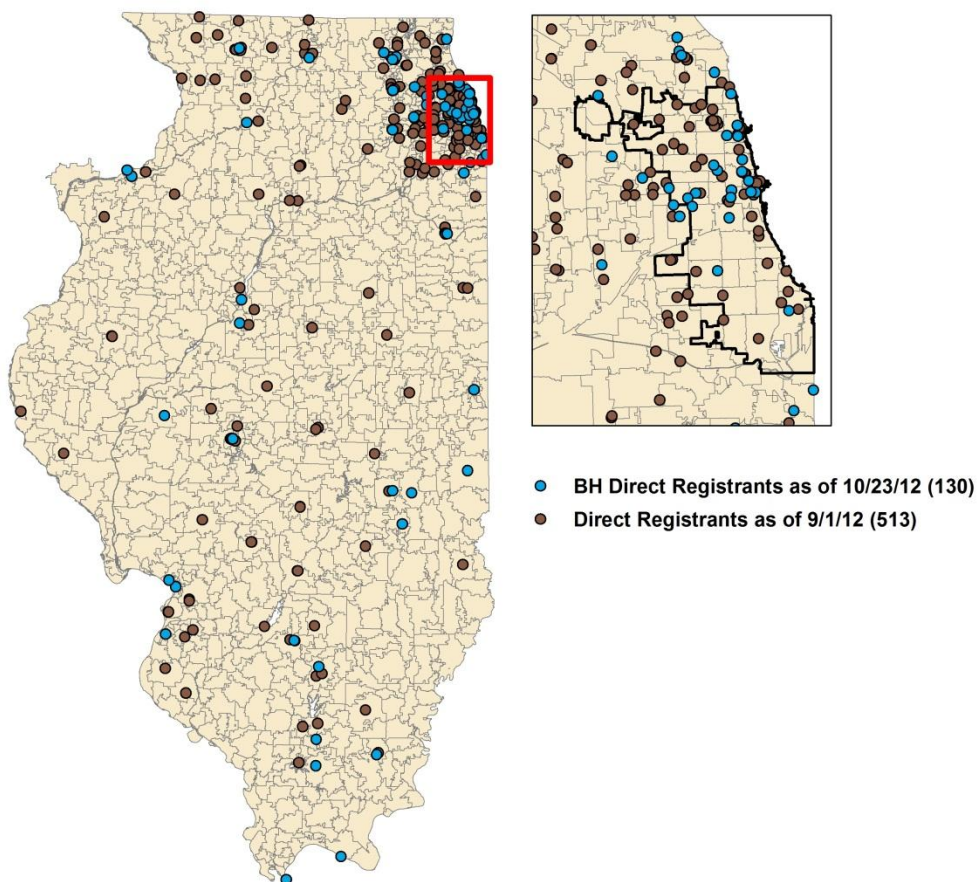
BHIP Cohort



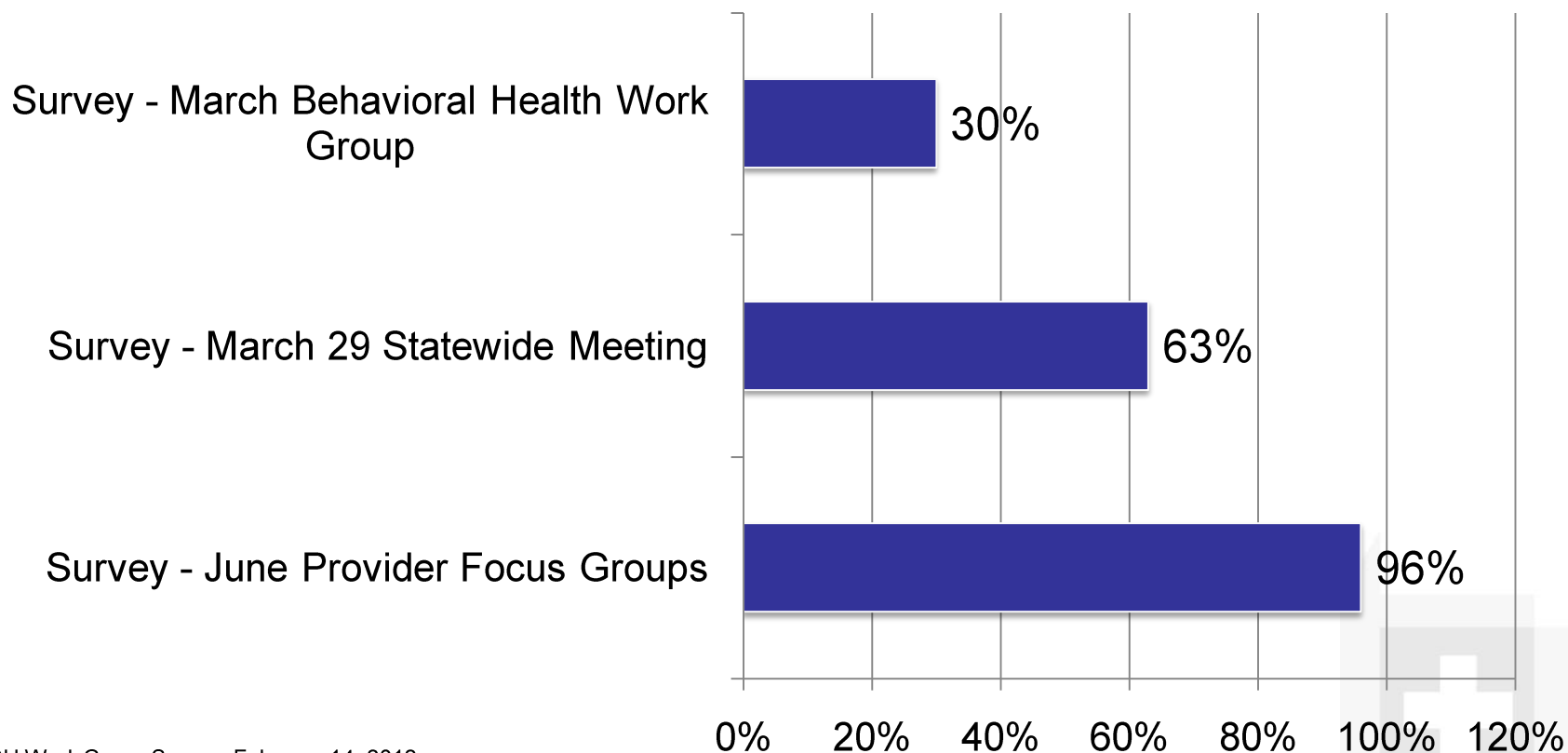
BHIP ILHIE Direct: Geographic Diversity

ILHIE Direct Registrants by Individual

BHIP Cohort



EHR Adoption - Existing & Implementing



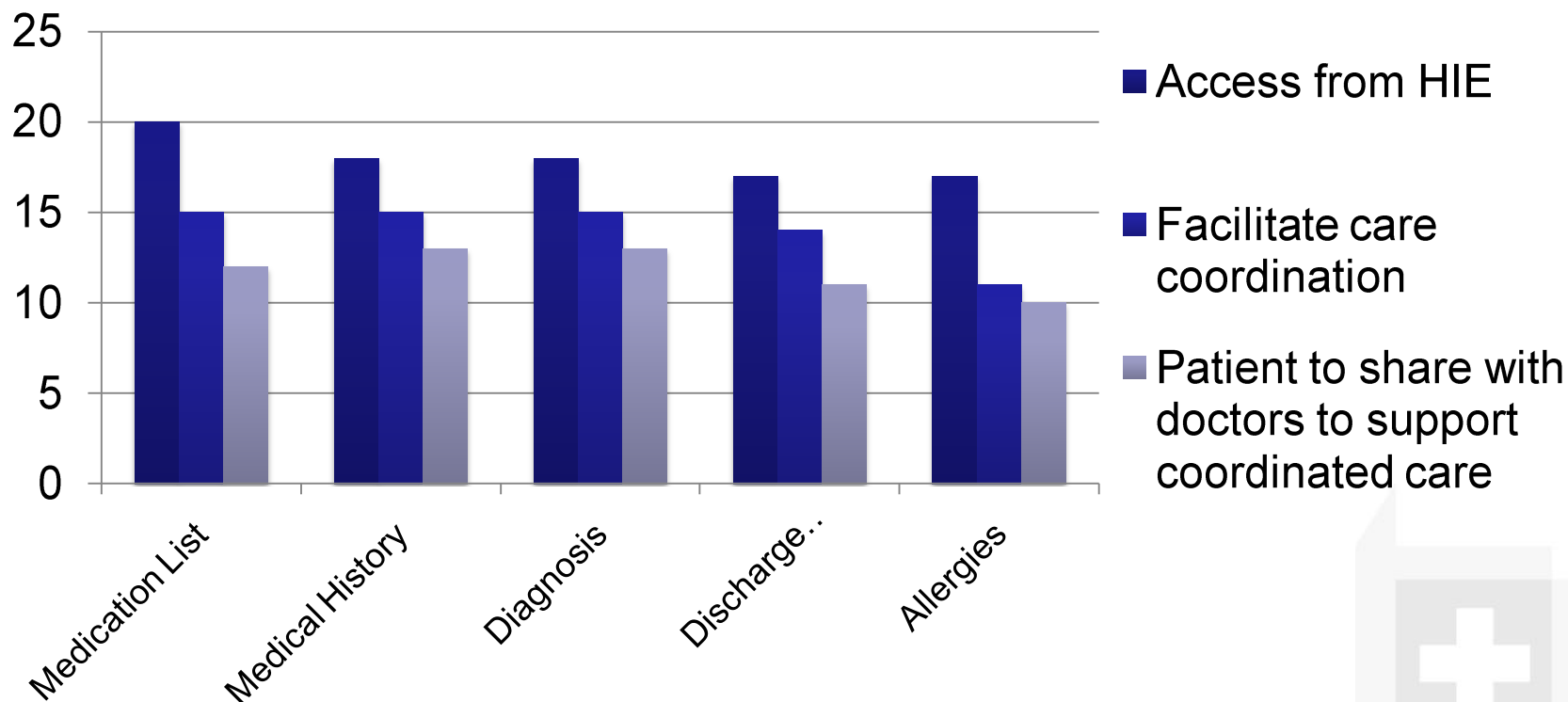
BH Work Group Survey: February 14, 2012

March 29th Survey: April 5, 2012

June Focus Groups: June 7, 14, 21, 26 & 27, 2012

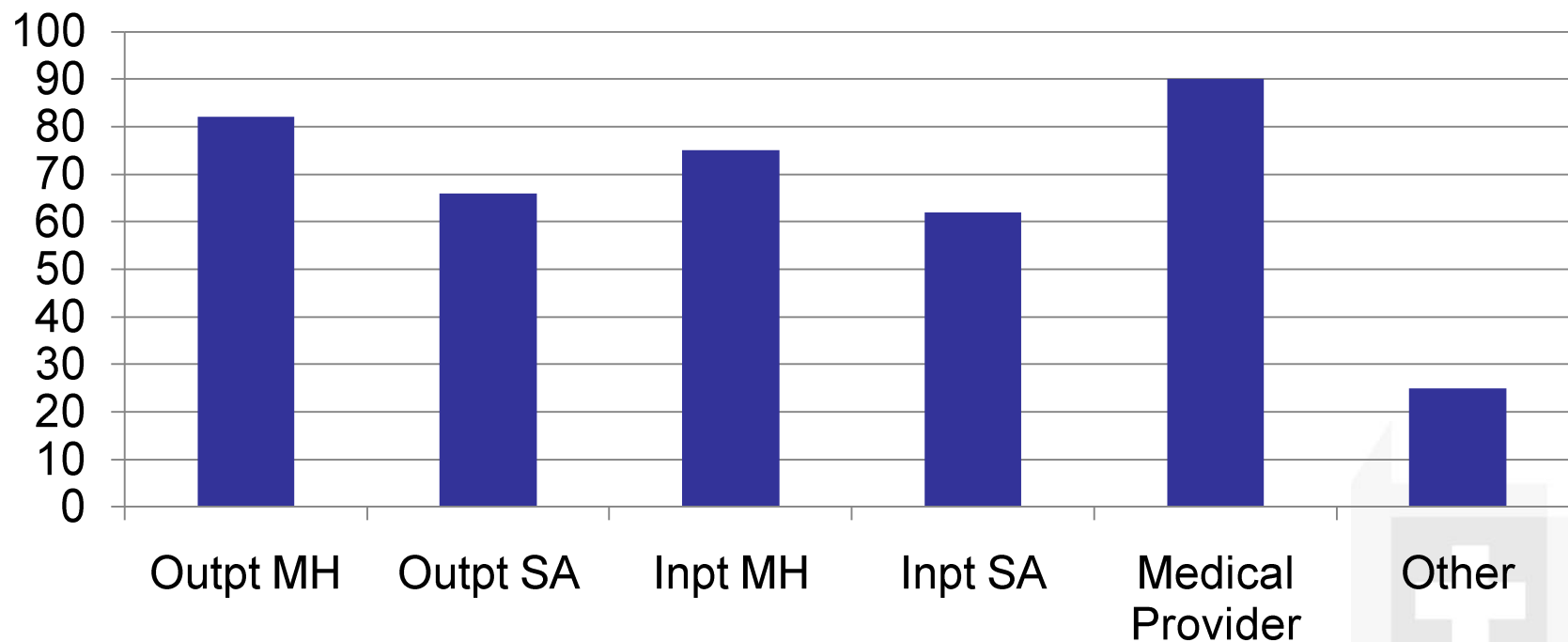
Behavioral Health Providers Value Health Data

Top 5 pieces of information considered important with exchange context



What types of organizations does your organization routinely share patient information with to facilitate care coordination?

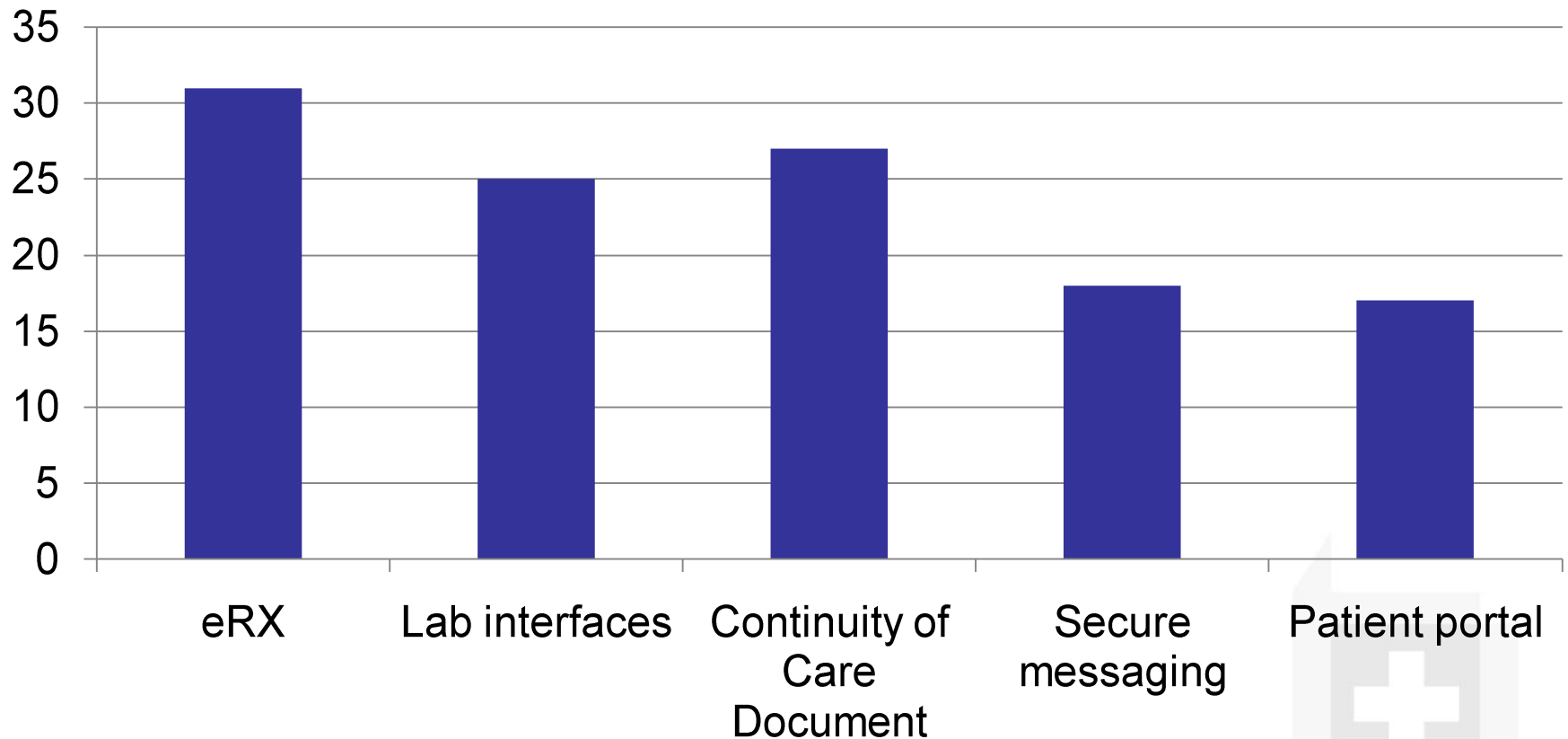
n = 110



Behavioral Health Providers Use EHR for Treatment

Support EHR functionalities

n = 120



- ILHIE Direct
- Template Tool Kit
- Demonstration Projects
- BHIP Prototype – Transition of Care Webform
- Proposed Legislation



Template Tool Kit



ILHIE Direct Secure Messaging System TEMPLATE CONSENT FORM

PATIENT INFORMATION	
NAME: _____	ADDRESS: _____
PHONE NUMBER: _____	_____
E-MAIL ADDRESS: _____	DATE OF BIRTH: _____

I understand that by signing this form, I agree to allow my providers involved in my health care to talk to each other about my care and share my health information with each other to give me better care. My providers will use a secure messaging system called "ILHIE Direct". ILHIE Direct is a special e-mail system that allows providers to share my health information with each other securely via the Internet. ILHIE Direct meets the privacy and security standards of both The Health Insurance Portability and Accountability Act (HIPAA) and Illinois law.

I also understand that if I choose not to sign this form, none of my health information will be shared, and that my provider cannot condition my treatment, payment, enrollment, or eligibility for benefits on whether or not I sign this form.

WHO MAY DISCLOSE. I authorize the following provider(s) to disclose my health information: _____

_____ (insert name of provider)
_____ (insert name of provider)
_____ (insert name of provider)

WHAT MAY BE DISCLOSED. I authorize my provider named above to disclose all of my health care information including medications, immunizations, problems and diagnosis, demographic information, allergies, lab results, social history, psychiatric evaluations, my care plan, health care providers, presence and participation in substance abuse treatment or mental health services, HIV and genetic testing results.

_____ I wish to limit disclosure to the following: _____

WHO MAY RECEIVE. I authorize my provider(s) named above to disclose this health information to (insert name(s) of providers who can receive your information):

PURPOSES. I allow disclosure of my health information for purposes of ☐ treatment ☐ to coordinate care among my providers ☐ to improve my provider's health care operations.

EXPIRATION. This consent will expire one year from the date signed below or _____ (insert exact date), whichever is sooner.

REVOCACTION. I can revoke my permission at any time by giving written notice to my provider except to the extent the disclosures I agreed to have already been acted on.

INSPECTION. I understand that I have a right to inspect and copy my health information.

10/31/12

BHIP - Awarded Demonstration Projects September 2012



Geography	Lead Provider	Type of Provider	Project Description	Funded
Central Illinois: Springfield	Mental Health Centers of Central Illinois	MH/SA	Electronic exchange of data to reduce unnecessary use of the emergency room by the mentally ill and referral to appropriate care	\$ 45,100
Central Illinois: Peoria	Human Service Center	MH/SA	Strengthening the referral process for inpatient/outpatient services for Severely Mentally Ill population	\$ 45,000
Downstate: Carbondale & Carterville	The H Group	MH/DD/SA	Electronic exchange of data to reduce unnecessary use of the emergency room by the mentally ill and referral to appropriate care	\$ 44,300
Suburban Chicago: DuPage County	DuPage County Health Dept.	MH/SA	Integrate behavioral health and medical services to support Severely Mentally Ill individuals in community	\$ 39,600
Chicago	New Age Services	SA	Electronic exchange of labs and physicals for substance use treatment consumers	\$ 45,000
Metro Chicago	Lutheran Social Services of Illinois	MH/SA	Electronic exchange of data from inpatient to outpatient services for youth with harm to self/harm to others conditions; SASS population (Screening, Assessment and Supportive Services)	\$ 45,000
				\$ 264,000

BHIP Prototype Web Form

Firefox - Behavioral Health Int... Behavioral Health Quick Forms

localhost:57775/csp/healthshare/hsaccess/Custom:ILHIE.BHIP.ULBHQuickForm.cls#

WRC TRC Prolog devlog3 adhoc SecureLink Zen CCR HS TWiki ILHIE Red Hat Enterprise Lin... Most Visited Getting Started FTP Upload Form NYeC TRC

Illinois Health Information Exchange
Behavioral Health Quick Forms

Patient Name: John Smith
Document Type: Discharge Summary

1) enter patient full name
2) select transition of care document type

Name of Discharging Facility
Address of Discharging Facility
Medical Record Number (at Discharging Facility)
Primary Care Physician
Attending Physician
Date of Admission
Reason for Transfer or Discharge
Date of Discharge
Name of Accepting Entity
Identifying Information
Level of Education
Employment Status
Reason why Patient was Admitted
Living Situation Prior to Admission
History of Hospitalizations
Total Number of Sessions
Services Received to Date
History of Present Illness
Past Psychiatric History

3) enter transition of care data

10/4/12

Next steps...



Modernizing the Illinois Mental Health Confidentiality Act

Status quo is not an option:

- Current consent process as written creates uncertainty and impedes coordination.
- Care coordination among behavioral health and medical providers must be fostered.
- Terms of disclosure and penalties for misuse of data must harmonize with HIPAA for impact.



Proposed Changes

- HIE exists in the Confidentiality Act for data exchange, administration and research purposes;
- Harmonize consent with HIPAA;
- Broaden scope of therapists' permitted disclosure to intra- and inter- agency teams;
- Replace the term “personal notes” with “psychotherapy notes” per HIPAA;
- Apply federal penalties that exist in HIPAA for data misuse

Today's Agenda

- Panel 1: Consent Management:
What is it? Why does it matter?
- Panel 2: The Age of Exchange:
BHIP Demonstration Projects

Lunch

- Greetings from ILHIE Acting Executive Director –
Raul Recarey
- Keynote: Mike Lardiere, National Council
- Panel 3: Behavioral Health Data Architecture



Thank you for joining us



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